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TO:	Mail Stop AF	COMPANY:	Commissioner for Patents
FAX:	571-273-8300	PAGES:	26 (including cover)
PHONE:		DATE:	November 14, 2005
RE:	U.S. Patent Application No. 10/686,791	ATTORNEY DOCKET/REF. NO.	A202 1490
		ACCOUNTING NO.	28502.0165.2

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In re application of: Kurt E. Heikkila  
Serial No.: 10/686,791  
Filed: 10/16/2003  
For: Grove Glazed Window And Method of Assembly

**OFFICIAL**

Attached in connection with the above-identified patent application are the following:

- (1) Transmittal Form;
- (2) Notice of Appeal;
- (3) Petition for Extension of Time;
- (4) Amendment, with Exhibit A; and
- (5) Fee Transmittal.

1201 West Peachtree Street, Suite 3500 Atlanta, GA 30309-3574 Telephone (404) 872-7000 Fax: (404) 888-7490

WINSTON 1627273v1

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0851-0031

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FORM**

(to be used for all correspondence after initial filing)

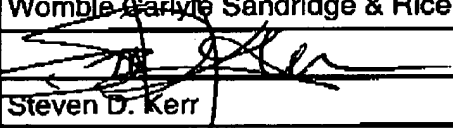
Total Number of Pages in This Submission **25**

Application Number	10/686,791
Filing Date	10/16/2003
First Named Inventor	Kurt E. Heikkila
Art Unit	1733
Examiner Name	Rossi, Jessica
Attorney Docket Number	A202 1490

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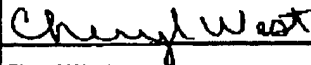
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Exhibit A</b>
Remarks _____		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Womble Carlyle Sandridge & Rice, PLLC		
Signature			
Printed name	Steven D. Kerr		
Date		Reg. No.	32,472

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